

**RECEIVED
CENTRAL FAX CENTER****OCT 20 2005****VIA FACSIMILE: (571) 273-8300****PATENT
ABS01 P-100****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Group : 3652
Examiner : Charles N. Greenhut
Applicants : Philip J. Quenzi and Richard W. Jenney
Serial No. : 10/796,619
Filed : March 9, 2004
For : CARGO TRAILER

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Via Facsimile: (571) 273-8300

Dear Sir or Madam:


CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being facsimile transmitted to the Patent and Trademark Office on the date shown below:

1. Claims As Amended Transmittal Sheet (1 page, in duplicate)
2. Response (19 pages)
3. A copy of the electronic Information Disclosure Statement filed on August 23, 2004 (3 pages)

YOU SHOULD RECEIVE A TOTAL OF 25 PAGES.

Date: October 20, 2005


Susan L. Gasper
Van Dyke, Gardner, Linn & Burkhardt, LLP
2851 Charlevoix Drive, S.E., Suite 207
P.O. Box 888695
Grand Rapids, Michigan 49588-8695
(616) 975-5500

TAF/slg

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Dear Sir:

Transmitted herewith is an amendment in the above identified application.
The fee has been calculated as shown below:

CLAIMS AS AMENDED

Col. 1	Col. 2	Col. 3	Small Entity	Other Than Small Entity
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee
Total Claims * 53	Minus ** 57	= 0	x \$25	\$.00
Independent Claims * 4	Minus *** 4	= 0	x \$100	\$.00
First Presentation of Multiple Dependent Claims			\$180	\$.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT			\$ 0.00	\$.00

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. ☒ Small entity status of this application has been established.
2. ☒ No additional Fee is required.
3. ☐ A check in the amount of \$_____ is attached.
4. ☒ Please charge any additional fees or credit overpayment to Deposit Account No. 22-0190.
A duplicate copy of this sheet is attached.

VAN DYKE, GARDNER, LINN & BURKHART, LLP

Date: October 20, 2005

By Timothy A. Flory
Timothy A. Flory, Registration No. 42 540
2851 Charlevoix Drive, S.E.
P.O. Box 888695
Grand Rapids, Michigan 49588-8695
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Total Claims	* 53	Minus	** 57	= 0	x \$25	\$.00	x \$50	\$.00
Independent Claims	* 4	Minus	*** 4	= 0	x \$100	\$.00	x \$200	\$.00
First Presentation of Multiple Dependent Claims					\$180	\$.00	x \$360	\$.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 0.00		\$.00

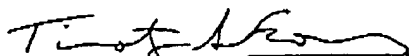
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